## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

Elicotive Cotober 1, 2000												
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			2.5					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=					X\$ 9=	į	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* .	*		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT	• •			ì	+135=		OR	+270=	· Y
* If the difference in column 1 is less than zero, enter "0" in column							×	TOTAL	. ماد س		TOTAL	÷
	C	LAIMS AS A	MÊNDED - PART II			OTHER THAN						
(Column 1)						(Column 3)		SMALL	ENTITY	OR	SMALL	
*AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	-	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	= '	1	:X40=	ر) ا	OR	X80=	
<b>K</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								A Harman	OR'	+270=	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIO PAID	EST BER OUSLY	(Column 3) PRESENT EXTRA	ر. ا ا	NDÕIT. FÉE	ADDI- TIONAL FEE	OR	ADDIT. FEE	ADDI∱ TIONAL FEE
NDW	Total		Minus	1. 黄素	, , ,	=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		-		X40= :∗	and the same	- 5	-,X80=	1. S. A.
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM	, ,		+135=		OR	+270=	
	·. · · · ·						4	TOTAL ADDIT. FEE	- "	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)			8 .			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	•	·= '.		X\$ 9=	الموادي أسيال	OR:	X\$18=	
	Independent	*	Minus	***		=	1	X40=		OR	X80=	
L	<u> </u>	NTATION OF M				<u>-</u> .	┚┟	+135=-		OR	+270=	* *
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		nber Previously Pa					er fou	nd in the app	ropriate box	in col	lumn 1.	